IDAHO STATE DEPARTMENT OF AGRICULTURE
ORGANIC HANDLER PLAN

DATE_____

NAME_____

COMPANY/FARM NAME_____

ADDRESS_____

PHONE & FAX_____

Please complete the following as it pertains to your operation (use additional pages as necessary). For updates please write "No Changes" in appropriate sections:

A.   ORGANIC HANDLING/PROCESSING SYSTEM

1. Describe your handling operation and your handling and/or processing procedures, including clean-up_____

_____

_____

_____

_____

2. Attach a floor plan and schematic flow chart showing the movement of certified organic food during handling and processing. Show all equipment/machinery and packaging/storage areas used from the time the certified organic food is received until it is shipped_____

_____

B.   ASSURANCE OF ORGANIC INTEGRITY

1.   Describe your use of a Hazard Analysis Critical Control Point (HACCP) system to assure the integrity of the certified organic food(s) in your operation. (Hazards may include segregation from non-organic product, packaging materials, contact with prohibited materials, transportation and storage, food spoilage microorganisms, etc.)_____

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2.   Describe any other Quality Control personnel or procedures you employ

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_____

C.   MATERIAL INPUTS

1. List all certified organic ingredients, non-organic ingredients and processing aids used in your handling operation_____

_____

_____

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2. Describe your procedure for documenting that the non-organic agricultural products you use as ingredients are not commercially available in certified organic form

3. Describe your water source, how it is used in your operation and any water quality issues encountered

D.   AUDIT TRAIL/RECORD KEEPING

1. Describe your system of internal record keeping for documentation of the movement of each specific lot of organic food through each step in your process, including your batch and/or lot numbering and coding system

2. What specific documents comprise your audit trail?

E.   PEST MANAGEMENT

1. Describe the insect/rodent problems you encounter in your handling/processing operation

2. Describe the insect/rodent monitoring techniques and control methods you use

F.   OTHER INFORMATION PERTAINING TO YOUR ORGANIC APPLICATION

I affirm that all statements made on this form are true and correct.

Handler/Processor Signature   Date